

nPEP Medication Order Form

Prescriber Site:

Prescriber Site Contact Name:

Prescriber Site Contact Number:

Prescriber Site Contact Fax Number:

Pick-up Site:

Please Complete Below information if Prescriber and Pick-up Sites are not the same

Pick-up Site Contact Name:

Pick-up Site Contact Number:

Pick-up Site Fax Number:

nPEP Client Name and Date of Birth

Name: _____

Date of Birth: _____

Pharmacy Use

Client Signature:

Pick-up Date:

Instructions for Program Site: Please fill out the Prescriber and Pick-up Site, contact person and fax number at the top. Fill in the client name and date of birth in the middle left box. Fax to VDH Pharmacy Services at 804-371-0236, along with the prescription.

Instructions for Pick-up Site: Keep this form so that it is readily available with the medication. Upon pick up, have client sign and date the bottom of the form. Fax the nPEP Medication Order Form to Eric Mayes, VDH PrEP Drug Assistance Program Coordinator at 804-864-8053 after the form is signed by client.